

## LA CENTER SCHOOL DISTRICT REQUISITION FORM FOR PURCHASES

Bill to: La Center School District #101  
 PO Box 1840  
 La Center, WA 98629

Ship To:

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Building: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Vendor #	
Requisition #	
Date:	

Account Code
Signature

GRAND TOTAL	
w/tax & Shipping	

**PLEASE NOTE: You must enter a quantity and a Unit price in order for totals to work properly.**

	Item #	QTY	Item Description (Page # may be helpful)	Unit Price	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total This Page

Shipping and Handling	
Total	
Tax	
Grand Total	